

EXHIBIT-G

5 of 6 times requested dental  
treatment.



## INMATE SICK CALL SLIP - MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/12/06 Pod/Location: B-Block Cell: #14 ID# 416-88-2767

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth-ache

How long have you had this problem? about 4 days - off & on

Inmate's Signature William David Carroll Date: 6/12/06

### TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.6 Resp 18 Pulse 65 B/P 154/83

Instructions/Assessment: Document your findings, Inmate's responses/actions

Abcess to back upper tooth. On  
dental list. Will Rx c ABT therapy  
and IPU

☒ Received Orders - thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 6/15/06 Seen by: Dr. Williams, MD

Place original form in patient's medical record.

3

*Handwritten:* J.D. 6/24/06



# INMATE SICK CALL SLIP - MEDICAL REQUEST

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Today's Date: 6/23/06 Pod/Location: B-B/K Cell: 14 ID# 416-88-2767

Inmate's Full Name: William David Carroll

Complaint/Problem: I still have a tooth-ache & am in need of something for the pain.

How long have you had this problem? 15 days to date being 6-23-06

Inmate's Signature William D. Carroll Date: 6/23/06

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.0 Resp 20 Pulse 72 B/P 140/86

Instructions/Assessment: Document your findings. Inmate's responses/actions

Will Rx C TBU for pain. NO  
Abuse noted

- ☒ Received Orders -- thru Treatment Protocols: via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical 6/27/06 Seen by: NO Williams, GA

Place original form in patient's medical record



## INMATE SICK CALL SLIP – MEDICAL REQUEST

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Today's Date: 7-4-06 Pod/Location B-BIK Cell 14 ID# 416-88-2167

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth - Ache

How long have you had this problem? 25 days

Inmate's Signature: William David Carroll Date 7-4-06

### TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 99.0 Resp 20 Pulse 61 B/P 159/94

Instructions/Assessment. Document your findings. Inmate's responses/actions

(R)U tooth (back) red and swollen.  
Will Rx for Abscess and pain

☒ Received Orders – thru Treatment Protocols: via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical 7/5/06 Seen by: J. L. Williams, MD

Place original form in patient's medical record



SOUTHERN  
HEALTH  
PARTNERS

## INMATE SICK CALL SLIP - MEDICAL REQUEST

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Today's Date: 7-13-06 Pod/Location: B-BIK Cell: 14 ID# 1

Inmate's Full Name: William David Carroll

Complaint/Problem: On going tooth ache

How long have you had this problem? 31 + days

Inmate's Signature: William D. Carroll Date: 7-13-06

### TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98.0 Resp 20 Pulse 78 B/P 134/80

Instructions/Assessment: Document your findings, Inmate's responses/actions

C/O toothache. Will Rx for pain.  
No S/S of infection noted. Will  
Rx c/ Pericapsic d/t C/O stomach  
upset!

☒ Received Orders - thru Treatment Protocols; via telephone order, via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 7/14/06 Seen by: N.O. Williams, MD

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## INMATE SICK CALL SLIP - MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 7-23-06 Pod/Location: B-B/K Cell: 14 ID# \_\_\_\_\_

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth swollen again, Tooth-ache

How long have you had this problem? June 12<sup>th</sup>, 2006

Inmate's Signature: William D. Carroll Date: 7-23-06

### TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 96.5 Resp \_\_\_\_\_ Pulse 69 B/P 142/93

Instructions/Assessment: Document your findings, Inmate's responses/actions

(R) 1st  
med with gum redness, D. exudate.  
2 pus pockets noted. Tooth already  
once again I'm remains on dental  
list & chooses to have analgesic  
provided by medical. D lymph node swelling.

☒ Received Orders - thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 7/24/06 Seen by: A. Cain Jr

Place original form in patient's medical record.